

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**Eastern Division DIVISION**

In re: MAGIERA, DWAYNE  
MAGIERA, LUWAYNE

§ Case No. 07-15033

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Debtor(s)

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION  
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY  
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

Deborah Ebner, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: <u>\$246,640.00</u> <i>(without deducting any secured claims)</i>	Assets Exempt: <u>\$61,640.00</u>
Total Distributions to Claimants: <u>\$27,166.20</u>	Claims Discharged Without Payment: <u>\$29,114.69</u>
Total Expenses of Administration: <u>\$10,043.80</u>	

3) Total gross receipts of \$37,210.00 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$0.00 (see **Exhibit 2**), yielded net receipts of \$37,210.00 from the liquidation of the property of the estate, which was distributed as follows:

	Document CLAIMS SCHEDULED	Page 2 of 11 CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from <b>Exhibit 3</b> )	\$31,981.93	\$10,998.02	\$0.00	\$0.00
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from <b>Exhibit 4</b> )	\$0.00	\$10,043.80	\$10,043.80	\$10,043.80
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from <b>Exhibit 5</b> )	\$0.00	\$0.00	\$0.00	\$0.00
PRIORITY UNSECURED CLAIMS (from <b>Exhibit 6</b> )	\$0.00	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED CLAIMS (from <b>Exhibit 7</b> )	\$237,931.37	\$31,715.59	\$31,715.59	\$27,166.20
<b>TOTAL DISBURSEMENTS</b>	\$269,913.30	\$52,757.41	\$41,759.39	\$37,210.00

4) This case was originally filed under chapter 7 on 08/20/2007. The case was pending for 103 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 03/31/2016

By: /s/ Deborah Ebner  
Trustee

**STATEMENT** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO  
FINAL ACCOUNT**

**EXHIBIT 1 – GROSS RECEIPTS**

DESCRIPTION	UNIFORM TRAN. CODE <sup>1</sup>	\$ AMOUNT RECEIVED
Settlement of un scheduled product liability/PI	1249-000	\$37,210.00
<b>TOTAL GROSS RECEIPTS</b>		<b>\$37,210.00</b>
<sup>1</sup> The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.		

**EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES**

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
	None		

**EXHIBIT 3 - SECURED CLAIMS**

Claim NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
1	Merrill Lynch Bank USA	4210-000	\$0.00	\$10,998.02	\$0.00	\$0.00
N/F	Center One Financial	4210-000	\$12,461.38	NA	NA	NA
N/F	Amtrust Bank	4110-000	\$19,520.55	NA	NA	NA
<b>TOTAL SECURED</b>			<b>\$31,981.93</b>	<b>\$10,998.02</b>	<b>\$0.00</b>	<b>\$0.00</b>

**EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
DEBORAH K. EBNER, Trustee	2100-000	NA	\$4,471.00	\$4,471.00	\$4,471.00
DEBORAH K. EBNER, Trustee	2200-000	NA	\$22.34	\$22.34	\$22.34
Law Office of Deborah Kanner Ebner	3110-000	NA	\$840.00	\$840.00	\$840.00
Rabobank, N.A.	2600-000	NA	\$37.46	\$37.46	\$37.46
Illinois Department of Revenue	2690-000	NA	\$1,345.00	\$1,345.00	\$1,345.00
US Department of Treasury	2810-000	NA	\$2,378.00	\$2,378.00	\$2,378.00
Popowcer Katten	3410-000	NA	\$950.00	\$950.00	\$950.00
<b>TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES</b>		<b>\$0.00</b>	<b>\$10,043.80</b>	<b>\$10,043.80</b>	<b>\$10,043.80</b>

**EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES**

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
None					

**EXHIBIT 6 – PRIORITY UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
None						

**EXHIBIT 7 – GENERAL UNSECURED CLAIMS**

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
2	Chase Bank USA	7100-000	\$153,081.71	\$6,507.52	\$6,507.52	\$5,743.12
3	World Financial Network National Bank	7100-000	\$0.00	\$271.04	\$271.04	\$239.20
4	Chase Bank USA	7100-000	\$10,647.17	\$10,647.17	\$10,647.17	\$9,396.51
5	Silver Cross Hospital	7100-000	\$37,511.05	\$1,057.88	\$1,057.88	\$0.00
6	eCAST Settlement Corporation assignee of HSBC Bank Nevada	7100-000	\$12,126.14	\$12,298.36	\$12,298.36	\$10,853.75
	Clerk of the United States Bankruptcy Court	7100-000	NA	\$933.62	\$933.62	\$933.62
N/F	Corwin Medical Care	7100-000	\$78.20	NA	NA	\$0.00
N/F	Community Orthopedics	7100-000	\$421.10	NA	NA	\$0.00
N/F	Prairie Emergency Phys	7100-000	\$40.20	NA	NA	\$0.00
N/F	CitiCard	7100-000	\$15,469.92	NA	NA	\$0.00
N/F	Caton Crossing Dental	7100-000	\$145.95	NA	NA	\$0.00
N/F	Bill Me Later	7100-000	\$442.80	NA	NA	\$0.00
N/F	Wells Fargo Financial	7100-000	\$1,369.00	NA	NA	\$0.00
N/F	Will County Medical Associates	7100-000	\$380.79	NA	NA	\$0.00
N/F	Future Diagnostics	7100-000	\$13.40	NA	NA	\$0.00
N/F	Provena -St Joseph Medical Center	7100-000	\$688.65	NA	NA	\$0.00
N/F	Bank of America	7100-000	\$5,515.29	NA	NA	\$0.00
<b>TOTAL GENERAL UNSECURED CLAIMS</b>			<b>\$237,931.37</b>	<b>\$31,715.59</b>	<b>\$31,715.59</b>	<b>\$27,166.20</b>

**Form 1**

Exhibit 8

Page: 1

**Individual Estate Property Record and Report  
Asset Cases**

**Case No.:** 07-15033

**Case Name:** MAGIERA, DWAYNE  
MAGIERA, LUWAYNE

**Trustee Name:** (330480) Deborah Ebner

**Date Filed (f) or Converted (c):** 08/20/2007 (f)

**§ 341(a) Meeting Date:** 10/04/2007

**Claims Bar Date:** 01/04/2008

**For Period Ending:** 03/31/2016

1 Asset Description (Scheduled And Unscheduled (u) Property)		2 Petition/ Unscheduled Values	3 Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	4 Property Formally Abandoned OA=\$554(a) abandon.	5 Sale/Funds Received by the Estate	6 Asset Fully Administered (FA)/ Gross Value of Remaining Assets
Ref. #						
1	House; 6609 Neilis Ln., Plainfield IL - new air,	215,000.00	18,905.26		0.00	FA
2	Personal funds	50.00	0.00		0.00	FA
3	Checking - First Midwest Bank	40.00	0.00		0.00	FA
4	Savings - First Midwest Bank	50.00	0.00		0.00	FA
5	Miscellaneous personal possessions In debtor's p	1,200.00	0.00		0.00	FA
6	Miscellaneous used clothing - fully depreciated	800.00	0.00		0.00	FA
7	Whole Life Insurance - State Farm	2,000.00	0.00		0.00	FA
8	Whole Life Insurance - State Farm	500.00	0.00		0.00	FA
9	401(k) Max Madsen Mitsubishi	12,500.00	0.00		0.00	FA
10	Pension - Mechanics Local 701	Unknown	0.00		0.00	FA
11	1999 Dodge Grand Caravan 140,000 miles In debtor	2,500.00	0.00		0.00	FA
12	2004 Mitsubishi Endeavor LS AWD 57,000 miles In	12,000.00	0.00	OA	0.00	FA
13	Settlement of un scheduled product liability/PI (u)	Unknown	Unknown		37,210.00	FA
<b>13</b>	<b>Assets Totals</b> (Excluding unknown values)	<b>\$246,640.00</b>	<b>\$18,905.26</b>		<b>\$37,210.00</b>	<b>\$0.00</b>

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Page: 2

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**For Period Ending:** 03/31/2016

**Trustee Name:** (330480) Deborah Ebner

**Date Filed (f) or Converted (c):** 08/20/2007 (f)

**§ 341(a) Meeting Date:** 10/04/2007

**Claims Bar Date:** 01/04/2008

**Major Activities Affecting Case Closing:**

Case reopened to administer proceeds of undisclosed product liability cause of action.. Final Report to be submitted in or about July 2015.

**Initial Projected Date Of Final Report (TFR):** 07/31/2015

**Current Projected Date Of Final Report (TFR):** 07/30/2015 (Actual)

## Form 2

### Cash Receipts And Disbursements Record

**Case No.:** 07-15033  
**Case Name:** MAGIERA, DWAYNE  
 MAGIERA, LUWAYNE  
**Taxpayer ID #:** \*\*\_\*\*\*9261  
**For Period Ending:** 03/31/2016

**Trustee Name:** Deborah Ebner (330480)  
**Bank Name:** Rabobank, N.A.  
**Account #:** \*\*\*\*\*6766 Checking Account  
**Blanket Bond (per case limit):** \$5,000,000.00  
**Separate Bond (if applicable):** N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
06/05/2015	{13}	Meyers & Flowers LLC	Court approval of settlement on 6/5/15	1249-000	37,210.00		37,210.00
06/29/2015	101	US Department of Treasury	void Voided on 06/30/2015	2810-000		2,415.00	34,795.00
06/29/2015	102	Illinois Department of Revenue	void Voided on 06/30/2015	2690-000		1,017.00	33,778.00
06/30/2015	101	US Department of Treasury	void Voided: check issued on 06/29/2015	2810-000		-2,415.00	36,193.00
06/30/2015	102	Illinois Department of Revenue	void Voided: check issued on 06/29/2015	2690-000		-1,017.00	37,210.00
06/30/2015	103	US Department of Treasury	Taxes	2810-000		2,378.00	34,832.00
06/30/2015	104	Illinois Department of Revenue	Taxes	2690-000		1,345.00	33,487.00
06/30/2015		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		37.46	33,449.54
09/21/2015	105	DEBORAH K. EBNER, Trustee	Dividend paid 100.00% on \$4,471.00, Trustee Compensation; Reference:	2100-000		4,471.00	28,978.54
09/21/2015	106	DEBORAH K. EBNER, Trustee	Dividend paid 100.00% on \$22.34, Trustee Expenses; Reference:	2200-000		22.34	28,956.20



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**Account #:** \*\*\*\*\*6766 Checking Account  
**Blanket Bond (per case limit):** \$5,000,000.00  
**Separate Bond (if applicable):** N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
09/21/2015	107	Law Office of Deborah Kanner Ebner	Dividend paid 100.00% on \$840.00, Attorney for Trustee Fees (Trustee Firm); Reference:	3110-000		840.00	28,116.20
09/21/2015	108	Popowcer Katten	Dividend paid 100.00% on \$950.00, Accountant for Trustee Fees (Other Firm); Reference: POPOWCWE KATTER	3410-000		950.00	27,166.20
09/21/2015	109	Chase Bank USA	Dividend paid 88.25% on \$6,507.52; Claim# 2; Filed: \$6,507.52; Reference:	7100-000		5,743.12	21,423.08
09/21/2015	110	World Financial Network National Bank	Dividend paid 88.25% on \$271.04; Claim# 3; Filed: \$271.04; Reference:	7100-000		239.20	21,183.88
09/21/2015	111	Chase Bank USA	Dividend paid 88.25% on \$10,647.17; Claim# 4; Filed: \$10,647.17; Reference:	7100-000		9,396.51	11,787.37
09/21/2015	112	Silver Cross Hospital	Dividend paid 88.25% on \$1,057.88; Claim# 5; Filed: \$1,057.88; Reference: Stopped on 01/07/2016	7100-000		933.62	10,853.75
09/21/2015	113	eCAST Settlement Corporation assignee of HSBC Bank Nevada	Dividend paid 88.25% on \$12,298.36; Claim# 6; Filed: \$12,298.36; Reference:	7100-000		10,853.75	0.00

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**Blanket Bond (per case limit):** \$5,000,000.00  
**Separate Bond (if applicable):** N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
01/07/2016	112	Silver Cross Hospital	Dividend paid 88.25% on \$1,057.88; Claim# 5; Filed: \$1,057.88; Reference: Stopped: check issued on 09/21/2015	7100-000		-933.62	933.62
01/08/2016	114	Clerk of the United States Bankruptcy Court	Turnover of unnegotiated funds for check number 112 payable to Silver Cross Hospital	7100-000		933.62	0.00
<b>COLUMN TOTALS</b>					<b>37,210.00</b>	<b>37,210.00</b>	<b>\$0.00</b>
Less: Bank Transfers/CDs					0.00	0.00	
<b>Subtotal</b>					<b>37,210.00</b>	<b>37,210.00</b>	
Less: Payments to Debtors						0.00	
<b>NET Receipts / Disbursements</b>					<b>\$37,210.00</b>	<b>\$37,210.00</b>	

Exhibit 9

Page: 6

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**Blanket Bond (per case limit):** \$5,000,000.00  
**Separate Bond (if applicable):** N/A

<b>TOTAL - ALL ACCOUNTS</b>	<b>NET DEPOSITS</b>	<b>NET DISBURSEMENTS</b>	<b>ACCOUNT BALANCES</b>
*****6766 Checking Account	\$37,210.00	\$37,210.00	\$0.00
	<b>\$37,210.00</b>	<b>\$37,210.00</b>	<b>\$0.00</b>